Mississippi Secretary of State

ADMINISTRATIVE PROCEDU		O. Box 136, Jackson, MS	39205-0136		
AGENCY NAME Mississippi State Personnel Board		CONTACT PERSON David E. Stovall Staff Attorney Mississippi State Personnel E	3oard	TELEPHONE NUMBER 601-359-2706	
ADDRESS 210 East Capitol Street, Suite 800		CITY Jackson		STATE MS	ZIP 39201
EMAIL David.Stovall@mspb.ms.gov	SUBMIT DATE 5/15/2014	Name or number of rule(s): Information Technology Classification Special Compensation Plan for FY 2015			
Short explanation of rule/amendr Classification Special Compensati developing competent informatic Mississippi. The Plan is to be effe Specific legal authority authorizin List all rules repealed, amended,	on Plan for FY 2015 estal on technology profession ctive July 1, 2014, based g the promulgation of ru	blishes compensation po als to support the inform upon Legislative require ale: Miss. Code Ann. §§ 2	olicies for the purp mation technology ements of implem	oose of attracti business need entation of the	ng, retaining, and ds of the State of e Plan.
ORAL PROCEEDING:		N. C.			
An oral proceeding is scheduled for this rule on Date: Time: Place: Presently, an oral proceeding is not scheduled on this rule. If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or this rule. Concise summary of economic impact statement attached. FINAL ACTION ON RULES Adopted with no changes in text Adopted with changes Adopted with no changes in text Adopte					
Printed name and Title of pers		David I. Stovall,	Staff Attorney		
Signature of person authorized	DO NOT	WRITE BELOW THIS LIN	100	OFFICIAL FILLS	CSTANAD
OFFICIAL FILING STAMI		AY 1 5 2014 ISSISSIPPI TARY OF STATE		official filin	G STAMP

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.